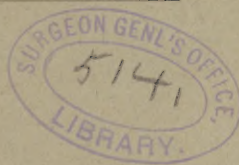


JOHNSON (W. B.)

TONSILLITHS.

BY
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OF PATERSON, N. J.



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TONSILLITHS.

BY WALTER B. JOHNSON, M. D.,
OF PATERSON, N. J.

THE case here reported of calcareous deposits in the tonsils is both interesting and instructive. The condition has been described as "stone in the throat," "gravel of the tonsils," etc., but is now universally termed "tonsilliths."

J. M. B., aged 65. A strong, healthy man, full-blooded, and of rather active habit, weight 160 pounds, has had some muscular rheumatism and three attacks of gout, the last about one year ago; he never had any chalky concretions or enlargements about the joints.

He first had throat trouble when a boy, he remembers expectorating small formations, which he describes as small, odorous particles; in 1850 he had a severe attack of inflammatory tonsillitis, and since then has suffered more or less from throat trouble each winter.

During the past winter he has had decidedly more trouble with his throat than usual, and he has continuously used an atomizer without receiving any appreciable benefit. On August 20, 1893, while coughing, he found a small particle of a hard material in his mouth, it was about the size of a pea; the cough was immediately followed by the expectoration of an ounce or two of blood, and there was more or less blood in all the sputa for the next three days.

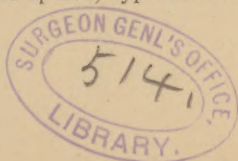
August 23, he discharged another similar concretion which was the size of a very large pea, and, immediately following this, coughed and spit up several ounces of blood; during the next five days the sputa was always streaked with blood, and on two occasions, in the morning, slight hemorrhages occurred.

August 28, the concretion, when examined, was found to be very hard and dense, grayish white in color, rough on the exterior, and irregular in shape.

Examination of the throat disclosed a chronic inflammation of each tonsil and considerable hypertrophic changes, many of the tonsillar crypts were dilated and contained masses of cheesy deposit, and there were some small concretions, similar to those already described, on each of the tonsils; there was no acute inflammation and no severe softness about the fauces.

The spontaneous expulsion of the concretions undoubtedly resulted from coughing while clearing his throat in the morning, the catarrhal condition which was constantly present causing him to habitually clear the throat.

The hemorrhages, which occurred with the expulsion of each tonsillith were, it is believed, unusually severe, and undoubtedly due to the removal of the roughened concretions from the hypertrophied, hyperemic tissue.



August 30, several small concretions about the size of a mustard seed and very hard, and also a number of cheesy masses were removed from the dilated tonsilar crypts with the forceps; the procedure was followed by a slight hemorrhage, and the sputa was tinged with blood for the next two days, after which time the tonsils assumed their normal condition, and the patient concluded that he was sufficiently comfortable to abstain from further treatment, and he has lately reported that he was having much less trouble with his throat than usual.

The case is interesting in consequence of the rarity of the condition; while the presence of the cheesy deposits in the dilated crypts favor calcareous formations and act as a nucleus for them, and the hyperemic condition of the tonsil attending the catarrhal inflammation constantly keeps up the increased blood-supply which is conducive to the deposit of carbonate and phosphate of lime salts.

The constant pressure to which the parts are subjected during the acts of deglutition, hawking and coughing, cause so frequent an expulsion of the cheesy deposits that they do not remain sufficiently long in the tonsilar crypts to form a nucleus for these calcareous deposits.

The case was peculiar in consequence of the presence of so severe a hemorrhage on each occasion of the time of the expulsion of the concretion, and in its continuance for so long a period after, also in the absence of severe inflammatory symptoms during the attack, although his throat was in a considerably more uncomfortable condition than was usual, and he suffered from increased cough.

There was no difficulty in deglutition, nor dyspnœa, and the surrounding parts were not specially affected by any extension of the inflammation.

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